

FILED FEB 11 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 4031

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Adrian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 72 Years (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Luke Ashbaugh

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Minnie Balgum Ashbaugh 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased November 26 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 2 2 hr. min.

9. Birthplace Bates County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John W. Ashbaugh  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Mudd  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.J. Ashbaugh

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 1-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdett Cemetery

18. (a) Signature of funeral director Breath & Son

(b) Address Adrian Mo.

19. (a) Jan 28 - 1946 (b) Nipra Owens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Rural - East Boone Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25  
year 1946 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 25  
1946 to Jan. 25 1946  
that I last saw him alive on Jan. 25 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death shock Duration \_\_\_\_\_

Due to Strangled Lacer.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1220  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Robinson (M. D. or other) \_\_\_\_\_  
Address Adrian Mo. Date signed 1-30-46

RECEIVED

Office No. 7,

1-46-127

Filed 2-9-46

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *and*

*Fred J. Greath #3543*, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed *Lebber*

Licensed Embalmer No. *3650*

P. O. Address *Adrian Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**